STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY
CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

☐ **RCA MANDATORY REFERRAL**

☐ **RDP MANDATORY REFERRAL**

☐ **AFDC MANDATORY REFERRAL**

CENTRAL INTAKE UNIT (CIU)
REFERRAL / NOTIFICATION FORM

ADDRESS OF COUNTY WELFARE DEPARTMENT

DISTRIBUTION:

Original Copy: Client
1st Copy   : CIU
2nd Copy   : Return to County Welfare Department When Notification is Required
3rd Copy   : County Welfare Department

TELEPHONE NO.: (   )   —

COUNTY USE ONLY

1. CASE NAME	2. FBU SIZE

3. AID CODE/CASE NUMBER

4. REGISTRANT'S NAME

5. SOCIAL SECURITY NUMBER

6. ALIEN NUMBER

A -

7. DATE OF ENTRY

8. INTRACOUNTY OR INTERCOUNTY TRANSFER

FROM: _____ COUNTY/DISTRICT

PREVIOUS CIU: _____

9. SPECIFY PRIMARY LANGUAGE DESIGNATED ON CA 1

10. DATE OF REFERRAL

11. YOU ARE REQUIRED TO REPORT TO THE CIU BEFORE YOU CAN BE ELIGIBLE FOR CASH ASSISTANCE.

a. ☐ **PLEASE TAKE THIS FORM TO THE FOLLOWING CIU AND RETURN TO YOUR ELIGIBILITY WORKER WITH DATED ORIGINAL ON OR BEFORE _____ .**

b. ☐ **YOUR APPOINTMENT AT THE CIU IS SCHEDULED FOR:**

DATE:_____ TIME:_____

12. CIU ADDRESS

TELEPHONE NO.: (   )   —

13. COMMENTS

14. I certify that I have informed the applicant/recipient of his or her rights and responsibilities in regard to the RCA/ECA programs and the Refugee Demonstration Project. I have explained that he/she must comply with all eligibility requirements, such as reporting to, and registering with the CIU, and participating and cooperating in training and employment activities, and that, if these requirements are not met, he/she may lose their grant.

ELIGIBILITY WORKER'S SIGNATURE	ELIGIBILITY WORKER'S NUMBER	DATE

CIU USE ONLY

15. Individual reported to CIU as required.	16. CIU EMBOSSING STAMP
AUTHORIZED SIGNATURE	DATE	

When the above name registrant has completed participation in the training program or been placed in employment, please complete the 1st and 2nd copies and return the 2nd copy to the county welfare department addressed above.

17. Reason for notification to the county welfare department:

☐ Client has completed participation in training.
     (see attached RS 3A)

☐ Client has been placed in employment on _____
     (see attached RS 3A)   DATE

☐ Client has **not** cooperated/participated in employment or training.
     (see attached RS 3C (Nonparticipation Report)

☐ Other *(Explain in COMMENTS section)*

18. COMMENTS

19. CIU AUTHORIZED SIGNATURE	DATE

RS 3 (5/99)

CENTRAL INTAKE UNIT (CIU) REFERRAL FORM

Instructions

County Use Only

1. **Case Name** — Enter the refugee's name: last name, first name, and middle initial.

2. **FBU Size** — Enter number of persons in the Family Budget Unit

3. **Aid Code/Case Number** — Enter the two-digit aid identification code for the appropriate public asistance program/Enter the refugee's case number as assigned by your CWD.

4. **Registrant's Name** — Enter the name of person in the FBU who is being referred on a mandatory basis, and required to register with the CIU.

5. **Social Security Number** — Enter the registrant's social security number.

6. **Alien Number** — Enter the registrant's alien number.

7. **Date of Entry to U.S.** — Enter the date shown on the registrant's I-94 form or I-151 form.

8. **Intracounty or Intercounty Transfer** — Enter the county (or district, if Los Angeles), and the CIU name and address that the registrant is transferring from.

9. Specify primary language designated on CA 1.

10. **Date of Referral** — Enter the date on which the registrant is referred to the CIU.

11a. Check this box and enter the date that the registrant is to return the validated original RS 3 form to the Eligibility Worker.

11b. If you make an appointment for the registrant to report to the CIU, check this box and enter the date and time of the appointment.

12. **CIU Address** — Enter the address and telephone number of the CIU the registrant is being referred to the CIU, by number, street, city and zip code.

13. **Comments** — Self-explanatory.

14. **Eligibility Worker Name and Worker Number** — Enter the name of worker assigned to the case, and the number that your County uses to identify the worker.

CIU Use Only

15. **Authorized Signature** — This is to be signed by the person authorized to certify that the registrant has reported to the CIU for registration.

16. **CIU Embossing Stamp** — Enter the official certification stamp.

17. Check the appropriate box to indicate why notification is being made.

18. **Comments** — Self-explanatory.

19. **CIU Authorized Signature** — This is to be signed and dated by the person authorized to complete this form.